

# **IOWA FAMILY PLANNING NETWORK WAIVER**

## **Provider Manual**



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## CHAPTER III. PROVIDER-SPECIFIC POLICIES

### A. Overview of the Iowa Family Planning Network (IFPN) Waiver

Through a cooperative effort with the Title X family planning agencies, federally qualified health centers, rural health clinics, the Iowa Departments of Public Health and Human Services (DHS), Iowa is providing limited Medicaid coverage for family planning–related services through the Iowa Family Planning Network (IFPN) to:

- ◆ Persons of reproductive age with countable income at or below 300% percent of the federal poverty level; and
- ◆ Any woman who had a pregnancy end on or after January 1, 2006, and who was receiving Medicaid on the date the pregnancy ended.

The DHS Family Planning Waiver (FPW) System establishes IFPN eligibility. Staff from either the designated family planning agencies or the DHS local office may enter applicant data for the 300% group into the Family Planning Waiver System.

IFPN eligibility for women who were receiving Medicaid at the time a pregnancy ended may be established only through entries into the Family Planning Waiver System by DHS staff or the Department's automated process.

#### 1. Definitions

**"Applicant"** means a person for whom assistance is being requested, including at recertification.

**"Certification period"** means the time for which a person may be determined eligible for Iowa Family Planning Network.

**"DHS"** means the Iowa Department of Human Services.

**"Grace period"** means the 14 calendar days immediately following the date of denial or the effective date of cancellation.

**"Primary care services"** means health care provided by a medical professional and with whom a member has initial or primary contact.

**"Prudent-person concept"** refers to the authority given to the clinic workers to review and analyze information given by the member and decide whether the information is sufficient for making an eligibility determination, or if further checking should be done. The "prudent person" must be vigilant, cautious, perceptive, and guided by generally sound judgment.



**“Recertification”** means establishing a new certification period when the previous period has expired and there has not been a break in assistance.

**“Reproductive age”** means a person is at least 12 years old but under the age of 55 and is capable of bearing or fathering children.

**“Timely notice”** means a written notice given at least ten calendar days before the effective date of cancellation. The timely notice period extends from the day after a notice is issued to the effective date of action. A timely notice period must be at least ten calendar days. The Family Planning Waiver System will determine the effective date of cancellation to ensure that all cases are closed with timely notice given.

## 2. Designated Providers

Applications may be filed at the following family planning agencies and their satellite clinics. If you need assistance locating a local provider, contact the Healthy Families toll free line at 1-800-369-2229.

- ◆ Allen Woman’s Health (Unity Point), 1-800-435-2640
- ◆ Central Iowa Family Planning, 641-752-7159
- ◆ New Opportunities, Carroll, 1-800-642-6330
- ◆ Edgerton Women’s Health Center, 563-359-6633
- ◆ Crawford County Home Health, Hospice and Public Health, 712-755-4312
- ◆ Hillcrest Family Services, 563-583-7357
- ◆ Northeast Iowa Community Action, 1-866-742-3226
- ◆ North Iowa Community Action, 1-800-657-5856
- ◆ Planned Parenthood of the Heartland, 877-811-7526
- ◆ Primary Health Care, 515-248-1447
- ◆ Promise Community Health Center, 712-722-1700
- ◆ Southern Iowa Family Planning Clinic, 1-800-452-3365
- ◆ St. Luke’s Family Health Center, 319-369-7397
- ◆ Trinity Muscatine Public Health, 563-263-0122
- ◆ Webster County Health Department, 515-573-4107
- ◆ Women’s Health Services, 563-652-3749



Family planning agencies and clinics under contract with the Department of Human Services can submit questions about the IFPN policy to Iowa Family Planning Network's help desk at [IFPN@dhs.state.ia.us](mailto:IFPN@dhs.state.ia.us).

### 3. Who Is Eligible for IFPN Services

**Legal reference:** PL 104-193; 42 CFR 435.406; 441 IAC 75.1(41)

Persons eligible for services through the IFPN coverage group are:

- ◆ Persons who are 12 but not yet 55 years old and who have countable income at or below 300% of the federal poverty level.
- ◆ Women who have a pregnancy end while they are receiving Medicaid.

A person who is eligible for Medically Needy with a spenddown can also receive Medicaid under the IFPN program.

Eligibility does **not** exist for IFPN if one or more of the following exists:

- ◆ The person is receiving Medicaid other than Medically Needy with a spenddown. **NOTE:** The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility, but persons in the ELIAS system are not systematically checked.
- ◆ The person is under 12 or age 55 or older. **EXCEPTION:** The age requirement does not apply to those who are eligible for IFPN due to a pregnancy ending while receiving Medicaid.
- ◆ The person is a non-qualified alien.
- ◆ The person is a resident of another state.
- ◆ The person's countable income exceeds 300% of federal poverty level at the time of application. **EXCEPTION:** A woman who is on Medicaid when her pregnancy ends can have income above this level.


### B. Processing IFPN Applications

**Legal reference:** 441 IAC 76.1(249A); 441 IAC 75.1(41)"b"

Designated family planning agencies and clinics can assist in the processing of Medicaid eligibility for the IFPN coverage group for those persons who are at or below 300% of federal poverty level.

IFPN applicants applying at a designated family planning agency or clinic will complete form 470-2927 or 470-2927(S), *Health Services Application*. (See [Chapter II](#) for a sample of this application.)



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Applications can also be filed at a local DHS office, any facility where out-stationing activities are provided, with the third-party administrator for the **hawk-i** program; with presumptive Medicaid providers; at WIC offices, and at maternal or child health centers.

An application is considered filed on the date form 470-2927 or 470-2927(S), *Health Services Application*, that contains a legible name, address, and signature is received by a designated family planning agency or clinic. (See [Chapter II](#) for samples of these forms.)

At the time of application, give the applicant the following information:

- ◆ Comm. 20, *Your Guide to Medicaid*. This pamphlet explains what services are available under the regular Medicaid program. Comm. 20 is available at <http://dhs.iowa.gov/sites/default/files/Comm020.pdf>.
- ◆ Comm. 374, *Iowa Family Planning Network Member Question and Answers*, available at <http://dhs.iowa.gov/sites/default/files/Comm374.pdf>.
- ◆ Comm. 209, *Information About Your Privacy Rights*. This notice describes how medical information is used and disclosed. It also explains how members can get access to this information. Comm. 209 is available at <http://dhs.iowa.gov/sites/default/files/Comm209.pdf>.
- ◆ Comm. 243, *Primary Care Access*. This pamphlet explains where a person can access primary care services in Iowa. The offices listed are either rural health clinics or federally qualified health centers that generally can provide care on a sliding fee schedule. Comm. 243 is available at <http://dhs.iowa.gov/sites/default/files/Comm243.pdf>.

## 1. Screening for Other Medicaid Eligibility

Screen the application to determine if eligibility may exist under other Medicaid coverage groups. Refer to *Desk Aid*, RC-0033, for income limits for other Medicaid coverage groups. Click [here](#) to see a sample of this reference card.

Explain the difference between IFPN and regular Medicaid and let the applicant choose which coverage group to apply for. One major difference is that regular Medicaid will require parents to be considered in the teen's household size and the parent's income will be counted. The eligibility determination for IFPN does not use the parental income for youth.



If the applicant opts for IFPN, ask the applicant to sign form 470-4314, *Election of Iowa Family Planning Network*, and document the case record that the application was screened and the applicant's decision. Click [here](#) to see a sample of this form.

If the applicant wants to apply for full Medicaid benefits, the applicant may complete form 470-5170, *Application for Health Care Coverage and Help Paying Costs*. Send the completed application to the appropriate DHS office for processing within two working days of receipt. Applications can also be filed online at [www.dhs.iowa.gov](http://www.dhs.iowa.gov).

Service Area	Mailing Address
Service Area 1 – Western (Council Bluffs)	Imaging Center 1 417 E Kanesville Blvd Council Bluffs, IA 51503
Service Area 2 – Northern (Waterloo)	Imaging Center 2 PO Box 11000 Waterloo, IA 50704
Service Area 3 – Eastern (Davenport)	Imaging Center 3 PO Box 8022 Davenport, IA 52808
Service Area 4 – Cedar Rapids	Imaging Center 4 PO Box 2027 Cedar Rapids, IA 52406
Service Area 5 – Des Moines	Imaging Center 5 PO Box 41130 Des Moines, IA 50311



#	County	Service Area	#	County	Service Area
1	Adair	Des Moines	45	Howard	Northern
2	Adams	Des Moines	46	Humboldt	Northern
3	Allamakee	Northern	47	Ida	Western
4	Appanoose	Cedar Rapids	48	Iowa	Cedar Rapids
5	Audubon	Western	49	Jackson	Eastern
6	Benton	Cedar Rapids	50	Jasper	Cedar Rapids
7	Black Hawk	Northern	51	Jefferson	Cedar Rapids
8	Boone	Des Moines	52	Johnson	Cedar Rapids
9	Bremer	Northern	53	Jones	Cedar Rapids
10	Buchanan	Northern	54	Keokuk	Cedar Rapids
11	Buena Vista	Western	55	Kossuth	Western
12	Butler	Northern	56	North Lee	Eastern
13	Calhoun	Northern	56	South Lee	Eastern
14	Carroll	Western	57	Linn	Cedar Rapids
15	Cass	Western	58	Louisa	Eastern
16	Cedar	Eastern	59	Lucas	Des Moines
17	Cerro Gordo	Northern	60	Lyon	Western
18	Cherokee	Western	61	Madison	Des Moines
19	Chickasaw	Northern	62	Mahaska	Cedar Rapids
20	Clarke	Des Moines	63	Marion	Des Moines
21	Clay	Western	64	Marshall	Northern
22	Clayton	Northern	65	Mills	Western
23	Clinton	Eastern	66	Mitchell	Northern
24	Crawford	Western	67	Monona	Western
25	Dallas	Des Moines	68	Monroe	Cedar Rapids
26	Davis	Cedar Rapids	69	Montgomery	Western
27	Decatur	Des Moines	70	Muscatine	Eastern
28	Delaware	Northern	71	O'Brien	Western
29	Des Moines	Eastern	72	Osceola	Western
30	Dickinson	Western	73	Page	Western
31	Dubuque	Eastern	74	Palo Alto	Western
32	Emmet	Western	75	Plymouth	Western
33	Fayette	Northern	76	Pocahontas	Northern
34	Floyd	Northern	77	Polk	Des Moines
35	Franklin	Northern	78	Pottawattamie	Western
36	Fremont	Western	79	Poweshiek	Cedar Rapids
37	Greene	Western	80	Ringgold	Des Moines
38	Grundy	Northern	81	Sac	Western
39	Guthrie	Western	82	Scott	Eastern
40	Hamilton	Northern	83	Shelby	Western
41	Hancock	Northern	84	Sioux	Western
42	Hardin	Northern	85	Story	Des Moines
43	Harrison	Western	86	Tama	Cedar Rapids
44	Henry	Eastern	87	Taylor	Western



#	County	Service Area	#	County	Service Area
88	Union	Des Moines	94	Webster	Northern
89	Van Buren	Cedar Rapids	95	Winnebago	Northern
90	Wapello	Cedar Rapids	96	Winneshiek	Northern
91	Warren	Des Moines	97	Woodbury	Western
92	Washington	Cedar Rapids	98	Worth	Northern
93	Wayne	Des Moines	99	Wright	Northern

## 2. Obtaining Information and Verification

**Legal reference:** 42 CFR 435.916, 441 IAC 76.2(249A)


The applicant must supply complete and accurate information needed to make appropriate entries into the Family Planning Waiver System so that initial and ongoing eligibility can be established.

If additional information is needed, give, mail, or fax a written request to the applicant. Inform the applicant in writing of the date the information is due and the consequences for failure to supply the requested information or verification.

The applicant must supply the information within ten calendar days of the day a written request is given, mailed, or faxed to the applicant. The ten-day period begins with the first day after the written request is issued. When the tenth day falls on a nonworking day or a legal holiday, extend the due date to the next working day for which there is regular mail service.

“Supply” means the requested information or verification is received by the specified date. Additional time for providing the information can be allowed when the applicant is making every effort to obtain the information but is unable to do so within the required time and notifies you about the problem.

Make the appropriate entry into the Family Planning Waiver System that reflects the failure of an applicant or member to supply the requested information or refuses to provide authorization to obtain it.

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### 3. Time Limit for Eligibility Decision

**Legal reference:** 441 IAC 76.3(249A)

Make entries into the Family Planning Waiver System so that the system can issue a notice of decision no later than the 30th day following the date of application. If the 30th day falls on a weekend or state holiday, process the application by making system entries no later than the next working day.

The time limit for making entries into the system can be waived in unusual circumstances such as, but not be limited to:

- ◆ When you and the applicant have made every reasonable effort to get necessary information and have not been able to do so within the time limits.
- ◆ Emergencies, such as fire or flood.
- ◆ Other conditions beyond the administrative control of the clinic.

An applicant must cooperate with the application process. This may include providing information or verification or signing documents. Failure to cooperate with the application process shall serve as a basis to deny an application.

An application cannot be denied because the 30-day period for processing it has expired. To deny the application, there must be either a failure to act on the part of the applicant or a determination of ineligibility by the Family Planning Waiver System.



#### **4. Effective Date of Coverage**

**Legal reference:** 441 IAC 75.1(41)"d"

The effective date of eligibility for IFPN is the first day of the month an application was filed or the first day of the month all eligibility factors are met, whichever is later.

Eligibility for IFPN cannot be granted for any month before the month of application. When an applicant requests Medicaid coverage for any of the three months before the application month, refer the application to the DHS local office for an eligibility determination.

A person found eligible for IFPN is certified for a period of 12 months, unless they will meet the age limit before 12 months or if their alien status and age requires a shortened certification period.

#### **5. Notices of Decision**

**Legal reference:** 42 CFR 435.919; 441 IAC 7.7(217), 7.7(1), 7.7(6), 76.4(1), and 76.4(249A)

The Family Planning Waiver System will issue a notice when:

- ◆ An application is approved, denied, or withdrawn; or
- ◆ IFPN is canceled.

Clinic staff shall print two copies of the *Notice of Decision*. Clinic staff shall provide the applicant with a copy of the *Notice of Decision* by hand delivering or mailing to the applicant at their designated mailing address. The second copy is placed in the IFPN case record.

Clinic staff must document in the case record how the *Notice of Decision* was delivered to the member.

#### **6. Grace Period Following the Denial of an Application**

**Legal reference:** 441 IAC 76.2(249A) and 76.8(5)

During the 14 calendar days immediately following the date of denial, the applicant has the opportunity to "cure" the reason for the denial of an application. A previously denied application shall be reconsidered when all information necessary to determine eligibility is provided within 14 calendar days of the date of denial.



“Day one” of the 14-day grace period is the day following the date printed on the notice of decision. If the 14th day falls on a weekend or a state holiday, the 14th day is extended to the next working day for which there is regular mail service.

This grace period may apply when an application has been denied for failure to provide requested information. If mail was returned and you were not able to locate the applicant, a new application is not required if the applicant contacts you within the 14 days, provides a current Iowa address, and eligibility can otherwise be established.

Any changes reported during the grace period that may affect eligibility must be verified when required by policy and be considered in the eligibility determination.

The effective date of eligibility is the first day of the month the original application was filed or the first day of the month in which all eligibility factors were met, whichever is later.

Based on the circumstances of your case, take the appropriate action as follows:

- ◆ **No information provided:** When no information is provided by the 14th day after the date of denial, no further action is required.
- ◆ **Partial information provided:** When some of the information is returned, but there is still information needed to determine eligibility:
  - Attempt to contact the applicant to let them know what is needed and that if the information is not received so that a decision can be made by the end of the grace period, they will need to reapply. A written request for the previously requested information is not required.
  - If the information is not provided by the end of the grace period, no further action is necessary.



- ◆ **Requested information provided and a change has occurred:** If the original requested information is provided, but the applicant also reports a change for which verification is necessary:
  - Make every effort to verify the information and inform the applicant that you cannot reconsider the application unless the change is verified by the end of the grace period. A written request for the new information is not required.
  - If the new information is not verified so that an eligibility determination can be made by the end of the 14-day grace period, make entries into the Iowa Family Planning Network to indicate that the application is “still denied.”
- ◆ **Unable to verify change within grace period:** When an additional change is reported and it is unlikely the information can be verified and eligibility established by the end of the 14-day grace period, attempt to notify the applicant to file a new application.

1. Mrs. A, an IFPN applicant, fails to provide proof of wages. The worker issues a denial dated April 2. Mrs. A provides pay stubs on April 16. There have been no other changes in circumstances. The worker reopens Mrs. A's application and re-processes it.
2. Mr. B, an IFPN applicant, fails to provide proof of wages. The worker issues a denial dated April 6. Mr. B provides the pay stubs on April 21. Since the 14-day grace period has expired, Mr. B must file a new application and the original denial stands.
3. Ms. C, an IFPN applicant, fails to provide three pieces of requested. The worker issues a denial notice dated May 11. Ms. C provides two of the items on May 13.

The worker attempts to contact Ms. C since not all of the items needed to determine eligibility came in. The third item is received on May 25. There have been no other changes in the household circumstances. The worker re-processes the application.





4. Mrs. D, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice dated May 16. Mrs. D provides two of the items on May 17.

The worker attempts to contact Mrs. D since not all of the items needed to determine eligibility came in. The third item is received on May 31. Since the 14-day grace period has expired, the worker issues a 'remain denied' notice. Mrs. D must file a new application.

5. Mr. E, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice on April 30. Mr. E provides two of the items on May 2 and the third item on May 6.

Mr. E also reports on May 6 that he changed jobs. The worker explains that in order for the original application to be reconsidered, Mr. E has until May 13 to provide verification of the new job; otherwise Mr. E will have to reapply.

Mr. E provides verification of the old job ending and the beginning of the new job on May 7. The application is processed with the new information and a notice is issued informing Mr. E of the decision.

## C. Eligibility Requirements

**Legal reference:** 441 IAC 75.1(41)

### 1. Medicaid or *hawk-i* Eligibility

A person cannot be eligible for the IFPN if the person is currently receiving Medicaid. Clinic staff can verify Medicaid eligibility by either:

- ◆ Calling the Eligibility Verification System (ELVS) at 1-800-338-7752 or 515-323-9639; or
- ◆ Verifying eligibility on the Internet at <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services>
- ◆ However, a woman whose pregnancy ends while the woman is on Medicaid is eligible for IFPN. This includes Medicaid eligibility through Medically Needy with a spenddown.

EXCEPTION: IFPN eligibility does not exist for a woman whose delivery was covered under the emergency coverage group.

- ◆ A teen that is enrolled in *hawk-i* is eligible for IFPN.



EXCEPTION: A person eligible for Medically Needy with a spenddown can also be eligible for IFPN.

The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility and will deny the application. A person who is eligible in the ELIAS system will not be included in this automated eligibility match. Workers will be notified when a newly approved IFPN member is found to be Medicaid eligible.

## 2. Age

**Legal reference:** 441 IAC 75.1(41)"a"(2)

To be eligible for IFPN, person must be of reproductive age, which is age 12 through 54.

## 3. Household Size

**Legal reference:** 441 IAC 75.1(41)"c"(1)

The household size includes the following people living together who **are not** receiving Supplemental Security Income (SSI):

- ◆ The applicant or member,
- ◆ The applicant or member's spouse, and
- ◆ The applicant or member's dependent children.

"Dependent child" means:

- ◆ A child who is under the age of 18 regardless of school attendance; or
- ◆ A child 18 years of age who is a full-time student in high school or in an equivalent program and who is expected to graduate or complete the program before reaching 19.

1. Ms. M, age 17, lives with her parents. She has no spouse and no children. Her household size is one.
2. Ms. S, age 17, has a child age 1 and lives with her parents. Her household size is two.
3. Ms. F, age 43, lives with her husband who receives SSI. Her household size is one.
4. Ms. H, age 36, lives with her husband and two children, ages 5 and 8. One child receives SSI. Her household size is three.

#### 4. Social Security Number

**Legal reference:** 441 IAC 75.7(249A)

A social security number is required for each person for whom IFPN is being requested or received. This requirement does **not** apply to a person who is a member of a recognized religious sect who conscientiously opposes applying for or using a social security number.

#### 5. Income

**Legal reference:** 441 IAC 75.1(41)"c," 75.57(1) and (2)

To be eligible for IFPN, the household's countable monthly income shall not exceed the amounts shown below for a household of the same size.

House- hold Size	Family Planning Income Limits (300% of Federal Poverty Level)							Add for each additional person
	1	2	3	4	5	6	7	
Income Limit	\$2,943	\$3,983	\$5,023	\$6,063	\$7,103	\$8,143	\$9,183	\$1,040

Clearly document the amounts used to calculate the monthly countable income. Record the applicant's income on form 470-4073, *Iowa Family Planning Network Worksheet*. (Click [here](#) to see a sample of this form.) If the applicant reports no income, document "zero," "N/A," or "\$0.00."

Keep this form along with documentation proving the household's income, such as copies of pay stubs, an employer's statement, an award letter, or the income tax return.

##### a. Countable Income

**Legal reference:** 441 IAC 75.1(41)"c"

The gross income (before taxes and other deductions) received by any person included in the household size must be counted. Income received by a parent for a teen (e.g., child support, social security benefits) is not counted for the teen's eligibility unless the parent makes it available to the teen.



NOTE: Do not count earnings of an applicant or a dependent child who is aged 19 or younger and is a full-time student in high school or in an equivalent program. A person who has completed high school and is a student in postsecondary education is not eligible for this exemption; the person's earnings must be counted.

Use and project as future income all nonexempt earned and unearned income received by a person counted in the household size determination. Any of the following may be used as a guideline:

- ◆ Income received in the 30 days before receipt of an application or review form.
- ◆ Income received in a different 30-day period that is indicative of future income.
- ◆ Income received in a longer period of time that is indicative of future income.
- ◆ One pay stub that is indicative of future income.
- ◆ Self-employment tax returns or books if indicative of future income. (This may include the past three years' average.)
- ◆ Income verification obtained from the income source.

The following income is counted in determining eligibility:

- ◆ **Money, wages or salary** received for work performed as an employee is counted as earned income. This includes commissions, tips, piece-rate payments, and cash bonuses earned. Overtime pay is estimated based on the person's history of receiving this pay.

Do not project a fifth paycheck for those who are paid weekly or a third paycheck for those who are paid biweekly.

- ◆ **Unemployment Insurance Benefits (UIB):** Count as unearned income. If UIB benefits are reduced due to recoupment, count the actual amount the person receives.
- ◆ **Child support** is not counted as unearned income effective January 1, 2014, under federal regulations for MAGI methodology.
- ◆ **Social Security** and **railroad retirement** benefits are counted as unearned income.



- ◆ **Worker's compensation and disability payments** are counted as unearned income. This type of income includes compensation received periodically from private or public insurance companies for injuries incurred at work.
- ◆ **Veterans' pensions, compensation checks, and G. I. benefits** paid by the Veterans Administration to disabled members of the armed forces or to survivors of deceased veterans are counted as unearned income.
- ◆ **Alimony:** The support payment to a divorced person by a former spouse is counted as unearned income.
- ◆ **Self-employment:** Count net profit as earned income.

**b. How to Treat Self-Employment Income**

**Legal reference:** 441 IAC 75.57(9)"h"

Medicaid self-employment income policy differentiates between:

- ◆ Providing child care,
- ◆ A home-based business, and
- ◆ A non-home-based business.

A member who provides a service in the member's home or whose business office is in the home is involved in a home-based enterprise. The office does not need to be a separate room to meet this qualification.

Home-based self-employment operations include demonstration and sales of catalog and party-based products, painting, crafts, and cosmetology.

The treatment of self-employment income differs depending on whether the income and expenses are received regularly or irregularly, and whether irregular income has been received for less than a year.

Treat countable income (net profit) received on a regular basis from self-employment in the same way as the earnings of an employee.



Expenses must be incurred on the same regular basis as the income; that is, if the income is received monthly, the expenses must also be incurred monthly. If expenses are incurred less often than the income (for example, insurance, license fees, etc.), annualize the self-employment income.

Self-employment received on a regular basis is any income that is anticipated to be received on a daily, weekly, biweekly, semimonthly, or monthly basis. Some types of self-employment income that may be received on a regular basis are income from:

- ◆ Baby-sitting in the member's home
- ◆ Selling catalog or party-based merchandise

### **(1) Determination of Net Profit**

"Net profit" means gross earnings minus allowable business expenses. The amount of net profit is the income that is used in determining IFPN eligibility.

- ◆ Whenever possible, use the previous year's federal income tax report to calculate monthly countable income.
- ◆ If the federal income tax report is not available, use the books or records of the business.
- ◆ If neither books nor tax records are available, do not allow any deduction for expenses related to the production of self-employment income.


Document the method used to determine income from self-employment in the case record.

Do not:

- ◆ Deduct capital gains and depreciation as business expenses;
- ◆ Offset the loss from one self-employment enterprise against the profit of another one; or
- ◆ Deduct a loss from self-employment from other income



<b>Allowable Deduction in Determining Net Profit</b>	<b>HOME- BASED</b>	<b>NON- HOME- BASED</b>
Cost of inventory and supplies required for business, such as items for sale or business use	X	X
Wages, commissions, and costs (including cost of health insurance) for employees. When the employee is a member of the eligible group, allow the person's wages as a deduction for the self-employed person but also count the employed person's wages as income.	X	X
Cost of machinery and equipment in the form of rent, interest on a loan for machinery and equipment, and any insurance on such machinery and equipment	X	X
Interest on a home mortgage or contract payment	X	
10% of the total gross income to cover the costs of upkeep when the work is performed in the home	X	
The cost of rent or the interest on mortgage or contract for the business location		X
Insurance on the real or personal property of the business		X
The cost of any needed repairs		X
The cost of any required travel (other than the cost of travel from the home to the business)		X
Any other expense that is directly related to producing income for the member	X	X

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## (2) Providing Child Care in the Home

**Legal reference:** 441 IAC 75.57(2)“i”

When the member provides child care services in the member’s own home, determine countable income by deducting 40% of the total gross income received to cover the cost of upkeep of the home and producing the income.

Gross income from providing child care in the member’s own home includes the total payment received for the service, plus any payment received under the Child Nutrition Amendments of 1978 for the cost of providing meals to children.

However, exempt as income and as a resource any portion of the payment for the member’s cost of providing meals to the member’s own children in the home.

When the member claims to have expenses in excess of the 40% and asks to have actual expenses considered, determine allowable deductions according to the [chart](#) under [Determination of Net Profit](#).

NOTE: Use actual expenses only at the member’s request and only when they exceed 40% of the gross income. This may require a computation of net income using both methods to determine which is to the member’s advantage. When you use the 40% deduction, do not allow 10% deduction for upkeep.

Income received from the Child Nutrition Amendments of 1978 must be reported and verified. Tell the member about this responsibility.

NOTE: The amount you record as gross income on the IFPN Worksheet is the gross amount minus the 40%.





Ms. S earns \$400.00 weekly from providing child care in her home resulting in a monthly gross income of \$1,600.00. Manually calculate the 40% deduction. This deduction is \$640.00.

Monthly gross income	\$ 1,600.00
40% deduction	- <u>640.00</u>
Countable gross income	\$ 960.00

On the IFPN Worksheet or in the FPW system in the Earned Income section under Total, enter \$960.00.

### **(3) Annualizing Income Received Irregularly**

**Legal reference:** 45 CFR 233.20(a)(3)(iii), 441 IAC 75.57(9)“i”

When self-employment income is received on an irregular basis, average the annual income over a 12-month period, even if the income is received only within a short period in that 12 months.

Apply this policy when the income is received before or in the month of decision and expected to continue. (Do **not** consider any self-employment income received before the month of application if it is not expected to continue.)

If a member is self-employed in a business that does not produce a regular income, and the business has been in existence for less than a year, average the income over the period the business has been in existence to arrive at monthly income.

If the business has been in existence for only a short time and there is little income information, establish a reasonable estimate of income and expenses with the member's help.

After you have determined the net profit, enter the figure into the Family Planning Waiver System.



**c. Deductions From Gross Income**

**Legal reference:** 441 IAC 75.1(41)"a"(2)3

Reduce gross income by the following amounts before comparing income to the limit for a household of the same size. Proof of payments for court-ordered child support, alimony, or spousal support shall be documented in the case record. A court pay record may document court ordered deductions.

- ◆ 20% of gross **earned** income.
- ◆ Child or incapacitated adult care expense for work-related hours that is not paid by a third-party source such as the Child Care and Development Block Grant or the Child Care Assistance Program.
  - Up to \$200 per month per child under age two
  - Up to \$175 per month per adult or child age two or older
- ◆ Payments made for court-ordered child support, alimony, or spousal support.

1. Ms. S, age 17, applies for IFPN. She lives with her parents who are both employed. Ms. S attends high school and works part-time at a local convenience store making \$125 weekly.

The income of her parents is not counted. The earnings Ms. S makes from her part-time job is not counted, as she is a full-time high school student.

2. Ms. M, age 15, applies for IFPN. She lives with her mother, who is employed. Ms. M's father is deceased. Her mother receives Social Security benefits of \$600 per month for Ms. M.

The Social Security benefit is not counted, since Ms. M does not have access to this income. The mother's earnings are not counted. Ms. M has no income to count. Ms. M is eligible for IFPN.

3. Ms. N, age 35, lives with her husband and two children. Her husband gets \$300 weekly unemployment insurance benefits. The children receive Medicaid under the Mothers and Children coverage group. Ms. N is eligible for IFPN since the family income of \$1,200 is less than 300% of the federal poverty level for a household of four.



4. The household consists of Ms. R, age 25, and her daughter, age 3. Ms. R is employed with monthly gross earned income of \$1,800. Due to employment, Ms. R has a weekly child care cost of \$75.

Monthly gross income	\$ 1,800.00
Minus 20%	- <u>360.00</u>
	\$ 1,440.00
Minus child care expense	- <u>175.00</u>
Countable income	\$ 1,265.00

Ms. R is eligible for IFPN since her countable income is less than the 300% of the federal poverty level for a household of two.

5. Ms. D, age 42, lives with her husband and son, who dropped out of high school and who is age 17. Ms. D is unemployed, her husband receives unemployment insurance benefits of \$320 per week, and her son earns \$100 per week from working part time.

Monthly gross earned income	\$ 400.00
Minus 20%	- <u>80.00</u>
	\$ 320.00
Plus unemployment benefits	+ <u>1,280.00</u>
Countable income	\$ 1,600.00

Ms. D is eligible for IFPN since the countable income is less than the 300% of the federal poverty level for a household of three.

## 6. Health Insurance

**Legal reference:** 441 IAC 75.1(41)

A person who is covered under group or private health insurance is eligible for IFPN.

## 7. Confidentiality Good Cause

**Legal reference:** 441 IAC 9.5(7) and 75.2(3)

A person who is covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences.

A person can claim good cause due to confidentiality if the person is fearful of the consequences.



1. Ms. J is married and her husband has health insurance. Her husband does not want her receiving family planning services. Ms. J can claim good cause.
2. Mr. M, age 17, lives with his parents. He does not want his parents to know he is seeking family planning services. He can claim good cause.

Claiming confidentiality does not prevent correspondence from being mailed. A person must provide an alternate address or use the clinic address for mailing purposes. The alternate address must be entered in the IFPN eligibility system.

## **8. Residency**

**Legal reference:** 441 IAC 75.53(1) and 75.53(2)

A person must be a resident of Iowa to be eligible for IFPN. A child is considered a resident of the state in which the parent or other person responsible for the child's care, custody, and control resides.


Consider a person a resident of Iowa if the person meets one of the following criteria:

- ◆ The person is living in Iowa voluntarily, intends to make a home in the state, and is not in Iowa for a temporary purpose.
- ◆ The person does not receive assistance from another state and entered Iowa with a job commitment or to seek employment, whether or not the person is currently employed. In this case, the child is a resident of the state in which the caretaker is a resident.

Do not consider a person a resident of Iowa if the person is in Iowa solely on vacation (such as a child who lives with a parent in another state but spends the summer with the other parent in Iowa).

Residency continues until the member has left the state. When a person temporarily leaves the state but plans to return, do not cancel assistance based on residency requirements.

Continued maintenance of a home in Iowa or the fact that most household goods remain in the state is considered evidence of temporary absence from Iowa. However, the acceptance of employment or the enrollment of the child in school in the other state is an indication that Iowa residency may have been abandoned.

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## 9. Citizenship

**Legal reference:** P. L. 99-603, P. L. 104-193; P. L. 111-3, Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA); 42 CFR 435.406; 441 IAC 75.11(249A)

To be eligible for IFPN, a person must be one of the following:

- ◆ A U.S. **citizen**, defined as:
  - A person born in the United States,
  - A person born of parents who are citizens living outside the United States, or
  - A person granted citizenship status.

For purposes of qualifying as a U.S. citizen, "United States" is defined as the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the North Mariana Islands.

- ◆ A **national** of the United States, defined as a person born in American Samoa or the Swain Islands. The Independent State of Samoa (also known as Western Samoa) is not part of American Samoa, so individuals from this country are not U.S. nationals.
- ◆ A **qualified alien**. See [Alien Status](#) for more information on services and eligibility criteria.

**"Lawfully residing"** aliens may be either immigrants or nonimmigrants that the Department of Homeland Security considers long-term residents who have moved to the United States, are not required to maintain permanent residence in another country, and are allowed to remain in the United States either permanently or indefinitely.

NOTE: Persons from the Compact of Free Association States (CFAS) are not U.S. citizens or nationals. The CFAS includes the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Persons from the CFAS retain citizenship in their country of origin but are allowed to enter and work in the United States without obtaining an immigration status. Adult CFAS citizens (ages 21 and over) **are not** eligible for IFPN. However, children under age 21 who are CFAS citizens and are lawfully residing in the United States may be eligible for IFPN.



Applicants must declare their citizenship or alien status as part of the application process by signing a state-approved Medicaid application. Applicants must also provide original documentation to verify their citizenship or alien status.

People who are not citizens or nationals by birth can become citizens through a process called "naturalization." In addition, certain children born abroad who were not U.S. citizens at the time of birth may establish citizenship automatically under the Children Citizenship Act. See [Acceptable Documentation](#) for more information about verification of automatic citizenship.

See [Citizenship and Identity Documentation Chart](#) for acceptable forms of citizenship and identity verification. See [Alien Documentation Chart](#) for information about acceptable forms of verification for alien status.

**a. Verifying Citizenship and Identity**

**Legal reference:** 42 CFR 435.406 and 435.407; 441 IAC 75.11(2) "f"; Sections 211(a) and 211(b)(3) of Public Law 111-3

Unless specifically exempted, all Medicaid applicants or members claiming to be United States citizens are required to certify their citizenship and identity as a condition of eligibility. In most cases, Medicaid is available while the person is verifying citizenship and identity. See [Reasonable Opportunity Period](#).

**Procedure:**

When acceptable proof of citizenship and identity is provided, document that both citizenship and identity have been verified by entering coding in the FPW system.

Unless the person's citizenship is verified through the automated SVES match, record the type of verification obtained from each person in the FPW system.

Make entries on the Non-Financial Information screen in the fields HOW WAS CITIZENSHIP VERIFIED and HOW WAS IDENTITY VERIFIED. Acceptable codes for each field are displayed in a drop down box.

You must maintain a file that contains copies of the documents used to verify citizenship and identity for each person approved for IFPN.



Keep this documentation in the active case file unless citizenship was verified through the automated Social Security Validation Enumeration System (SVES). When citizenship is verified through the SVES match, a record of the proof will be maintained electronically and displayed on the Search Result screen.

NOTE: A person is required to provide proof of citizenship and identity only once. Once provided, proof cannot be required again as a condition of Medicaid eligibility unless there is a reason to question the proof that was previously provided.

**b. Documentation Process for State Verification Exchange System (SVES) Match**

**Legal reference:** 42 CFR 435.407; 441 IAC 75.11(2)“c”

**Policy:**

A person who attests to U.S. citizenship and provides name, social security number, and date of birth meets the citizenship and identity documentation requirements if the response to submission of this information to the Social Security Administration verifies the person's citizenship and identity.

A written request for verification shall be issued if:

- ◆ The Social Security Administration returns a response that does not verify the person's citizenship and identity.
- ◆ A response cannot be requested from the Social Security Administration because the person does not have a social security number.
- ◆ The person has previously had a 90-day reasonable opportunity period to verify citizenship for Medicaid (including IFPN) or *hawk-i*.

**Procedure:**

When processing an application, the FPW system will automatically send a request for proof of citizenship and identity to the Social Security Administration via SVES if you answer “yes” to the question “Do you want to request a SVES match?”



Do **not** request a SVES match when the Search Result screen already has a code in the US or ID fields indicating that citizenship or identity was already verified. Do **not** edit or override the HOW CITIZENSHIP WAS VERIFIED or HOW WAS IDENTITY VERIFIED fields in the Case information/Non-Financial screen when they indicate that citizenship and identity was already verified.

A SVES request for proof of citizenship and identity will **not** be sent when coding in **both** the US and ID fields indicates that verification is not needed (e.g., verification is already on file, person is an alien). When a SVES request will not be generated for a person who is required to verify citizenship and has not done so, follow the procedure under [No SVES Match](#).

Request a SVES match **only** when processing a person who:

- ◆ Attests to U.S. citizenship,
- ◆ Has not yet had the 90-day reasonable opportunity period, and
- ◆ Is required to verified citizenship and identity but has not already done so, as indicated by coding in the Search Results screen.

When you request a SVES match for an IFPN applicant or member:

- ◆ The system will update the fields US and ID to show a "?" in the Search Result screen.
- ◆ You **must** set a reminder to go back and check the status of the SVES request in **48 hours**.

You may accept proof of citizenship and identity directly from the applicant so that documentation is already on file in case the Social Security Administration is unable to verify the person's citizenship.


When the response to a SVES request for proof of citizenship and identity is a "consistent match" this verifies the person's citizenship and identity. The person has met the citizenship and identity documentation requirements.

When the SVES response reports a consistent match, the system will:

- ◆ Show the response in the Search Result screen, and
- ◆ Automatically update the coding in the US and ID fields on the person's "Search Screen" to a "+."

No further action is needed for that person's ongoing IFPN case.



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### c. **Inconsistent SVES Match**

When the SVES response is an “inconsistent match,” the person’s citizenship and identity are not verified. The FPW system will generate a written request for verification of citizenship and identity to notify the person that:


- ◆ The person has 90 days to provide verification by either:
  - Correcting any errors in the name, social security number, or date of birth given to the family planning agency so that Social Security Administration (SSA) can verify the person’s citizenship; or
  - Correcting any errors in the SSA’s records and providing proof of citizenship and identity from SSA when this is done; or
  - Providing proof of citizenship and identity from the list of document described under [Acceptable Documentation](#).
- ◆ If verification is not provided within 90 days:
  - IFPN eligibility will end,
  - IFPN will not be approved again in the future until citizenship and identity are verified.

#### **Procedure:**

When the response is received that SSA cannot verify the person’s citizenship and identity, the system will automatically:

- ◆ Show the response in the Search Result screen.
- ◆ Change the code in the US and ID fields on the person’s Search Result screen from “?” to “-” unless there is already a valid code in that field.
- ◆ Calculate and display the 90-day due date in the Search Result screen under field 90-DAY DATE.
- ◆ Generate form 470-4858, Request for Verification of Citizenship and Identity, and Comm. 258, Verifying Citizenship and Identity.

Set up a reminder for the date that the 90-day reasonable opportunity period is due. Manually cancel the IFPN case at the end of the reasonable opportunity period if proof for citizenship and identity is not provided by the due date.

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If acceptable proof is provided, record the receipt of documentation in the Search Result Edit screen under fields HOW WAS CITIZENSHIP VERIFIED and HOW WAS IDENTITY VERIFIED.

If the person has corrected errors in the SSA's records:

- ◆ Make the appropriate corrections in the Search Edit screen **and**
- ◆ Resend the request by answering "yes" to question "Do you want to request a SVES match?"
- ◆ Otherwise, enter the code indicating the corresponding document from the list provided under the drop down box.

If proof is provided but is questionable or not acceptable:

- ◆ Contact the person by phone or mail.
- ◆ Explain why the proof submitted is not acceptable and how acceptable proof can be obtained (see back of Comm. 258).
- ◆ Document phone contacts in the case file.

Cancel the person's IFPN at the end of the 90-day reasonable opportunity period due to lack of proof of citizenship and identity, the system will allow timely notice.


#### **d. No SVES Match**

##### **Policy:**

An SVES request for proof of citizenship and identity will not be sent when:

- ◆ A "?" is coded in the US or ID fields for a person who does not have social security number.
- ◆ A request was already sent and the person's name, date of birth, social security number or sex has not been changed in the Search Result Edit screen.

A written request for verification shall be issued. IFPN shall be approved during the 90-day reasonable opportunity period.

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**Procedure:**

When proof of citizenship is required for a person but cannot be requested via SVES, a written request for proof will be system-generated. The request notifies the person that if proof of citizenship and identity is not provided within 90 days:

- ◆ IFPN eligibility will end.
- ◆ IFPN will not be approved again in the future until citizenship and identity is verified.

Form 470-4858, *Request for Verification of Citizenship and Identity*, and Comm. 258, *Verifying Citizenship and Identity*, will be system-generated and sent to a person who:

- ◆ Is approved on the system,
- ◆ Has an invalid SSN, and
- ◆ Has a "?" code in the US or ID fields.

If a person later provides a valid social security number, entry of the social security number will cause a request for proof of citizenship to send via SVES. However, form 470-4858, *Request for Verification of Citizenship and Identity*, will **not** be generated again, because only one 90-day reasonable opportunity period is allowed for each individual.

Cancel the person's IFPN case at the end of the 90-day reasonable opportunity period due to lack of proof of citizenship and identity, the system will allow timely notice.

**e. Reasonable Opportunity Period**

**Legal reference:** 42 CFR 435.407; 441 IAC 75.11(2)"c"

**Policy:**

A person shall be allowed a reasonable opportunity period to obtain and provide proof of citizenship and identity. The reasonable opportunity period begins with the date a written request to provide the information is issued to the person and continues for 90 days.

IFPN shall be approved during the 90-day reasonable opportunity period for applicants and shall continue for members who have not previously been required to provide proof of citizenship and identity.



IFPN shall not be approved for an applicant or continued for a member who has already received a reasonable opportunity period until proof of citizenship and identity is provided.

**Procedure:**

Whenever possible, obtain proof of citizenship and identity through an automated SVES match with the Social Security Administration.

If you request a SVES match for an IFPN applicant or member, you **must** set a reminder to go back and check the status of the SVES request in **48 hours**. If the match is **consistent**, the system will update citizenship and identity coding.

If the SVES match is **inconsistent** or **unavailable**, the system will generate form 470-4858, *Request for Verification of Citizenship and Identity*, and Comm. 258, *Verifying Citizenship and Identity*. The system will sent these forms to the member at the address recorded in the FPW system.


If the SVES match is **inconsistent**, the **system** will:

- ◆ Calculate the reasonable opportunity period and make it available for view at the Search Result screen in the FPW system under the field called 90-DATE DATE.
- ◆ The Search Result screen will display the following information:
  - SVES response
  - Issuance of form 470-4858 (yes or no)
  - 90-day due date

If the SVES match is **inconsistent**, the **worker** must:

- ◆ Set up a reminder and track the date that the reasonable opportunity period is due.
- ◆ Cancel the IFPN case at the end of the reasonable opportunity period, using the "Quick Cancel" function, if proof for citizenship and identity is not provided by the due date.

If acceptable proof is provided, record the receipt of documentation in the Search Result Edit screen under fields HOW WAS CITIZENSHIP VERIFIED and HOW WAS IDENTITY VERIFIED.

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To keep the system from incorrectly blocking subsequent IFPN approvals, record receipt of the proof in the Search Result Edit screen even if the person is not currently in an active IFPN status.

NOTE: Form 470-4858, *Request for Verification of Citizenship and Identity*, is not available for worker issuance because this would interfere with the system calculating the one 90-day reasonable opportunity period allowed for each person.

You may request a copy of this form to the IFPN Help Desk, if necessary (e.g., if the member loses the original).

**f. Acceptable Documentation**

**Legal reference:** 42 CFR 435.407; 441 IAC 75.11(2) "c," "d," and "e"; P. L. 111-3

Original documents or copies certified by the issuing agency are required. "Certified" means that the document is stamped, embossed, or otherwise noted in writing by the agency responsible for maintaining the original that it is a true copy of the original. Copies or notarized copies of documents are not acceptable proof.

NOTE: Copies of original documents are acceptable only when made by the Department's employees (including staff out-stationed at other locations), **hawk-i** staff, or by staff authorized under contract, such as IFPN providers and staff at University of Iowa Hospitals and Clinics who are authorized to take initial applications.

Documents submitted by a person whose last name has changed (e.g., due to marriage or divorce) may be accepted if the documents match in every way except the last name. If there is reason to question whether the documents belong to the same person, request an official document verifying the change (e.g., marriage license or the divorce decree).

Citizenship documents are arranged in a hierarchy from most reliable (Level 1) to least reliable (Level 4). Level 1 documents are acceptable proof of both citizenship and identity. If Level 2, Level 3, or Level 4 documents are used to verify citizenship, separate proof of identity is also required.



Obtain the most reliable record the person has available. Accept less reliable documents only when more reliable documents do not exist or cannot be obtained within the reasonable opportunity period.

When a lower-level document is available, you may accept it if a higher-level document cannot be obtained within the normal time limits for processing an application or automatic redetermination. In this situation, the higher-level document is not considered available.

There is no hierarchy of documents for identity. However, accept the three or more corroborating documents or an affidavit only as a last resort.

This chart lists documents acceptable as verification of citizenship and identity:

**g. Citizenship and Identity Documentation Chart**

<b>Level 1: PRIMARY DOCUMENTS (verify both citizenship and identity)</b>	
Confirmation of citizenship via SVES automated data match	<p>U.S. citizenship and identity has been verified by the Social Security Administration based on a data match through Security Validation Enumerations System (SVES).</p> <p>This match can be attempted only for a person who provides a name, date of birth, and social security number.</p>
U.S. passport	<p>The Department of State issues U.S. passports. An expired passport may be accepted as evidence of U.S. citizenship and identity as long as it was originally issued without limitation.</p> <p>Do <b>not</b> accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.</p> <p>NOTE: Spouses and children were sometimes included on one passport through 1980. The citizenship and identity of all of the persons included can be established when one of these passports is presented. U.S. passports issued after 1980 show only one person.</p>



**Level 1: PRIMARY DOCUMENTS (verify both citizenship and identity)**

Documentation issued by a federally recognized Indian Tribe showing membership or enrollment in or affiliation with that Tribe.

(Examples include Tribal enrollment or membership cards, a certificate of degree of Indian blood issued by the Bureau of Indian Affairs, or a Tribal census document.)

Until federal regulations are issued on satisfactory documentation for Tribes having an international border whose membership includes non-U.S. citizens, members of cross-border Tribes may use Tribal enrollment or membership documents for purposes of proving both citizenship and identity.

The list of federally recognized Indian Tribes is maintained at <http://www.justice.gov/otj/federal-resources>

*Certificate of U.S. Citizenship*  
(Department of Homeland Security Form N-560 or N-561)

Issued to persons whose U.S. citizenship is derived through a parent.

*Certificate of Naturalization*  
(Department of Homeland Security Form N-550 or N-570)

Issued when a person becomes a naturalized citizen.



**Level 2: SECONDARY DOCUMENTS (verify citizenship only)**

U.S. public birth certificate showing birth in:

- ◆ One of the 50 states or the District of Columbia
- ◆ American Samoa
- ◆ Swain's Islands
- ◆ Puerto Rico on or after January 13, 1941
- ◆ The U.S. Virgin Islands on or after January 17, 1917
- ◆ The Northern Mariana Islands after November 4, 1986
- ◆ Guam on or after April 10, 1899

The state, commonwealth, territory, or local jurisdiction may issue the birth record document.

The birth record must have been recorded before the person was 5 years old. Birth certificates recorded after age 5 can be used only as Level 4 documentation.

If the document shows that a person was born in Puerto Rico, Guam, the Virgin Islands, or the Northern Mariana Islands before the dates listed, contact SPIRS help desk for assistance in determining whether the person is a collectively naturalized U.S. citizen.

*Certification of Report of Birth*  
(Form DS-1350)

This form is issued by the Department of State to U.S. citizens who were born outside the United States and acquired U.S. citizenship at birth.

*Consular Report of Birth Abroad of a U.S. Citizen* (Form FS-240)

This form is issued by the Department of State via American consular offices overseas to children under the age of 18. Children born to U.S. military personnel usually have such a form.





<b>Level 2: SECONDARY DOCUMENTS (verify citizenship only)</b>	
<i>Certification of Birth Abroad</i> (Form FS-545)	Before November 1, 1990, Department of State consulates also issued this form with the previous version of form FS-240.
<i>U.S. Citizen I.D. Card</i> (Department of Homeland Security Form I-197 or the earlier version Form I-179)	<p>Form I-179 was issued from 1960 to 1973. Then it was renumbered to form I-197 and was issued until April 7, 1983.</p> <p>These forms were issued to naturalized citizens living near the Canadian or Mexican border who needed identification for frequent border crossings. Although not currently issued, they are still valid.</p>
<i>American Indian Card</i> (I-872) with "KIC" classification	Form I-872 is issued by the Department of Homeland Security to identify U.S. citizen members of the Texas band of Kickapoos living near the U.S./Mexico border. The "KIC" classification code and a statement on the back denote U.S. citizenship.
<i>Northern Mariana Identification Card</i> (I-873)	Form I-873 was issued by the former Immigration and Naturalization Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 4, 1986. The card is no longer issued, but is still valid.
Final adoption decree	<p>The decree must show the child's name and U.S. place of birth.</p> <p>When an adoption is not finalized and the state in which the child was born will not release a birth certificate before final adoption, a statement from a state-approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The agency must state in its certification that the source of the information is an original birth certificate.</p>



**Level 2: SECONDARY DOCUMENTS (verify citizenship only)**

Verification of automatic citizenship under section 320 of the Immigration and Nationality Act, also known as Child Citizenship Act

Children born outside the United States who were not U.S. citizens at the time of birth (international adoptions and certain children born abroad whose parents become naturalized citizens) may establish citizenship automatically by providing verification that at any time on or after February 27, 2001, the child met the following conditions:

- ◆ The child is under age 18.
- ◆ At least one parent is a U.S. citizen by birth or naturalization.
- ◆ The child is residing in the United States in the legal and physical custody of the U.S. citizen parent pursuant to a lawful admission for permanent residence.

If adopted, the child was admitted as either having an immigration status of IR-3 (adopted outside the United States) or IR-4 (final adoption within the United States).

The parent's status must be verified according to citizenship guidelines. The child's status for admission to the United States must be verified according to alien guidelines. The adoption must be verified by obtaining a copy of the full, final adoption decree.

Official military record of service

The document must show a U.S. place of birth (for example a DD-214).

Evidence of employment by the U.S. government civil service

The document must show employment by the U.S. government before June 1, 1976.



**Level 3: OTHER DOCUMENTS (verify citizenship only)**

Extract of hospital record on hospital letterhead that shows a U.S. place of birth

For persons aged 16 or over, the record must have been established at the time of the person's birth and the document created at least 5 years before the Medicaid application date.

For children under age 16, the document must have been created near the time of birth or 5 years before the Medicaid application date.

NOTE: A souvenir "birth certificate" issued by the hospital does not qualify.

Life, health, or other insurance record showing a U.S. place of birth

For persons aged 16 or over, the record must have been created at least 5 years before the Medicaid application date.

For children under age 16, the document must have been created near the time of birth or 5 years before the Medicaid application date.

Religious record showing either the date of birth or the person's age when the record was made

The document must be an official record that was recorded with the religious organization in the United States within three months of birth.

Caution: In questionable cases (e.g., a record recorded near a U.S. international border and the child may have been born outside the United States), the state must verify the record or document that the mother was in the United States at the time of birth.

Early school record showing a U.S. place of birth

The record must show the child's name, date of admission to the school, date of birth, U.S. place of birth, and the names and places of the person's parents.

NOTE: With the exception of written affidavits, all Level 4 documents must show a U.S. place of birth and must have been created at least five years before the application for Medicaid (or near the time of birth, for children under 16).



**Level 4: OTHER DOCUMENTS (verify citizenship only)**

Other documents listed that show a U.S. place of birth and were created at least five years before the Medicaid application date

- ◆ Seneca Indian tribal census record
  - ◆ Bureau of Indian Affairs tribal census records of the Navaho Indians
  - ◆ Roll of Alaska Natives maintained by the Bureau of Indian Affairs for persons born before December 18, 1971. (Contact SPIRS for assistance in requesting information from the Roll.)
  - ◆ Any U.S. state's vital statistics official notification of birth registration
  - ◆ A delayed U.S. public birth record that is recorded more than five years after the person's birth
- NOTE: A birth certificate recorded five years or less after the person's birth qualifies as a Level 2 document.
- ◆ Statement signed by the physician or midwife who was in attendance at the time of birth

Medical (clinic, doctor, or hospital) record

Medical records generally show biographical information for the person, including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth.

NOTE: An immunization record maintained by a parent or school is not considered a medical record but an immunization record maintained by a clinic, doctor, or hospital is considered a medical record for this purpose.



**Level 4: OTHER DOCUMENTS (verify citizenship only)**

Affidavit signed under  
penalty of perjury:

*Affidavit Concerning  
Documentation of  
Citizenship, form  
470-4374*

*Affidavit of Citizenship,  
form 470-4373*

Form 470-4374 must be completed by the member or by another knowledgeable person (guardian or representative) explaining why the person does not have and cannot get any of the other documents to prove citizenship.

Two people with personal knowledge of the events establishing the member's claim of citizenship must complete form 470-4373. Only one of these can be related to the person. They must also verify their own citizenship and identity.

NOTE: If an affidavit is used to prove citizenship, an affidavit cannot be used to prove identity.

An affidavit is the only Level 4 document that does not have to show a U.S. place of birth or have been created five years before the Medicaid application. It may be used for both U.S. born and naturalized citizens. It may be used only as a last resort when no other documents are available.

NOTE: Documents used to prove identity should be current. Identity documents that have recently expired may be accepted as long as there is no reason to question that they match the individual. Use the "prudent person" concept in deciding whether a document is "current" or "recently expired."



Identity Documents:	Explanation:
Driver's license issued by a U.S. state or territory	Acceptable if the license has a photograph of the person or identifying information such as name, age, sex, race, height, weight, or eye color.
ID card issued by a state, federal, or local government	Acceptable if the ID has the same information included on driver's licenses e.g., a photograph or other identifying information such as name, age, sex, race, height, weight, or eye color.  NOTE: A voter's registration card or Canadian driver's license may not be accepted.
U.S. military card or draft record	Self-explanatory.
Cross match with a federal or state governmental, public assistance, law enforcement, or corrections agency's data system; if the agency establishes and certifies the true identity of the individuals	This includes data matches with Iowa Department of Transportation (DOT) driver's license information. Remember to print the driver's license information screen and file it in the case file as proof.
Military dependent's identification card	Acceptable if it contains the person's photograph.
School ID card with a photograph	Self-explanatory.
U.S. Coast Guard Merchant Mariner card	Self-explanatory.
U.S. passport issued with limitations	Contact the IFPN help desk for any questions about the document.
For children under age 16: Clinic, doctor, hospital, or school record	School records include day care records and report cards. School records must be verified with the issuing school.



Identity Documents:	Explanation:
<p>If none of the evidence of identity listed above is available, three or more corroborating documents may be accepted if the same items were not used to document citizenship.</p> <p>This option can be used only if the person submitted 2nd-level or 3rd-level citizenship documentation.</p>	<p>Documents that together reasonably corroborate a person's identity may be used, such as employer identification cards, high school or college diplomas, marriage certificates, divorce decrees, and property deeds or titles.</p> <p>All documents must contain the person's name and must contain consistent identifying information.</p>

## 10. Alien Status

**Legal reference:** Section 121 of the Immigration and Control Act of 1986 (P. L. 99-603); P. L. 104-193; 441 IAC 75.11(1)

Legal aliens may be eligible or ineligible for IFPN, depending on their immigration status.

Aliens described under [Aliens Exempt from Five-Year Bar](#) may be eligible for IFPN from the date they obtained alien status; regardless of the date they enter the United States.

Aliens described under [Aliens Subject to Five-Year Bar](#) are not eligible for five years after their date of entry. The five-year period of ineligibility begins on the date of the person's entry into the United States with one of the listed statuses.

### a. Aliens Subject to Five-Year Bar

**Legal reference:** 441 IAC 75.11(249A), Public Law 104-193

Aliens listed in this section who enter the United States on or after August 22, 1996, are barred from receiving IFPN and Medicaid (except emergency services) for five years.



The five-year period begins on the date the person enters the United States with one of the following statuses:

- ◆ Aliens aged 21 or over who are lawfully admitted for permanent residency (LPR).

NOTE: Lawfully permanent residents may be required to have a sponsor and may be subject to deeming of income or resources from the sponsor. See [4-L, Sponsor Affidavits of Support and Deeming](#), for more information.

- ◆ Aliens aged 21 or over who are paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act (INA) for a period of at least one year.
- ◆ Aliens aged 21 or over who are granted conditional entry under section 203(a)(7) of the INA as in effect before April 1, 1980.
- ◆ Battered aliens ages 21 or over under 8 USC 1641(c).

NOTE: The five-year bar does not apply to aliens in these categories who entered the United States before August 22, 1996, or to children who are under the age of 21.

**b. Aliens Exempt from Five-Year Bar**

**Legal reference:** 441 IAC 75.11(249A), P. L. 104-193

Aliens with one of the following statuses are eligible for IFPN from the date they obtain the status:

- ◆ Refugees admitted under section 207 of the Immigration and Nationality Act (INA).
- ◆ Aliens granted asylum under section 208 of the INA.
- ◆ Aliens whose deportation or removal is withheld under section 243(h) or section 241(b)(3) of the INA.
- ◆ Cuban or Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980.
- ◆ Amerasian immigrants.
- ◆ Canadian born American Indians who have treaty rights to cross the United States borders with Canada and Mexico. There is an extensive list of these tribes. Contact the IFPN Help Desk if you question whether a tribe is included.





- ◆ Aliens lawfully admitted for permanent residence who are veterans honorably discharged for reasons other than alienage and their spouses, surviving unremarried spouses, and unmarried dependent children. This includes alien spouses, surviving unremarried spouses, and unmarried dependent children of veterans who are U.S. citizens or deceased veterans.
- ◆ Aliens lawfully admitted for permanent residence who are active-duty personnel of the United States Armed Forces and their spouses, surviving unremarried spouses, and unmarried dependent children of active duty personnel who are U.S. citizens or deceased active-duty personnel.

“Active duty” excludes temporary full-time duty for training purposes performed by members of the National Guard or Reserves.
- ◆ Aliens who entered the United States before August 22, 1996.
- ◆ Victims of trafficking with an Office of Refugee Resettlement (ORR) certification letter that has been verified by calling the trafficking verification line. **Contact the IFPN help desk** for assistance.

Trafficking victims are eligible only for eight months from the entry date in the original ORR certification letter unless ORR issues a recertification letter.

Without the ORR certification or when the ORR certification expires, trafficking victims are not eligible for Medicaid unless another qualifying status is obtained.
- ◆ Iraqi and Afghan special immigrants. See [8-L, Iraqi and Afghan Special Immigrants](#), for specific instructions. These special immigrants are lawful permanent residents but are eligible for Medicaid to the same extent as refugees.
- ◆ Alien children under the age of 21 who are:
  - Aliens paroled into the United States under section 212(d)(5) of the INA for a period of at least one year;
  - Battered aliens under 8 USC 1641(c). Refer to [8-L, Battered Aliens](#), for more information; or



- Aliens in one of the statuses listed following the definition of “lawfully residing” in [8-L, Alien Categories](#). Only children under age 21 in a lawfully residing status are qualified aliens and may be eligible for IFPN, if all other eligibility requirements (including [residency](#)) are met.

NOTE: Verification that these children continue in one of these statuses is required at each annual review. Attempt to use the documentation presented at application to verify then child’s continued lawfully residing status.

If additional documentation is needed, the household must provide proof of continued lawfully residing status for the child.

When these lawfully residing children reach age 21, they become ineligible for IFPN unless they obtain another qualified alien status.

#### **c. Establishing Qualifying Quarters**

When a lawful permanent resident is not otherwise exempt from sponsor deeming, you must determine the number of qualifying quarters with which the person can be credited. A lawful permanent resident becomes exempt from sponsor deeming when credited with 40 qualifying quarters.

Each person can get up to a total of four qualifying quarters of credit each calendar year based on the person’s own earnings. The person may be credited with additional quarters in a calendar year based on earnings of a parent or spouse as described in this section.

The following chart lists the amount a person had to earn to get one credit for the years 1978 and later. (For years before 1978, contact the IFPN help desk for assistance.)



<b>Amount Needed to Earn a Qualifying Quarter</b>			
Year	Earnings Needed to Get One Credit	Year	Earnings Needed to Get One Credit
1978	\$250	1997	\$670
1979	\$260	1998	\$700
1980	\$290	1999	\$740
1981	\$310	2000	\$780
1982	\$340	2001	\$830
1983	\$370	2002	\$870
1984	\$390	2003	\$890
1985	\$410	2004	\$900
1986	\$440	2005	\$920
1987	\$460	2006	\$970
1988	\$470	2007	\$1,000
1989	\$500	2008	\$1,050
1990	\$520	2009	\$1,090
1991	\$540	2010	\$1,120
1992	\$570	2011	\$1,120
1993	\$590	2012	\$1,130
1994	\$620	2013	\$1,160
1995	\$630	2014	\$1,200
1996	\$640	2015	\$1,220

To calculate the number of quarters for a year, divide the person's total earnings for the year by the amount needed to get one credit.

For earnings from employment, use the gross amount of earnings. For earnings from self-employment, use the amount of earnings after allowable self-employment expenses have been deducted.

Use only full quarters. Example: 2.95 quarters are rounded down to two quarters. Each person can have no more than four quarters per year. Example:

An alien earned \$5,000 gross income in 1995. (\$5,000 divided by \$630 = 7.936) Although the result equals over 7 quarters, the alien is credited with 4 qualifying quarters in 1995.



NOTE: Starting with January 1, 1997, do not count the income from any quarters in which an alien received any type of federal means-tested public assistance during the quarter. The quarters in a calendar year are: January through March, April through June, July through September, and October through December.

“Means-tested public assistance” includes FIP, SSI, Medicaid, and Food Assistance. Medicaid received by an individual, household, or family eligibility unit is receiving “means-tested public assistance.”

This means if an alien got FIP, Food Assistance, Medicaid, or SSI in June 1997, you would subtract the person’s April, May, and June earnings from the total 1997 earnings and divide the remainder to figure how many qualifying quarters the person has.

Aliens can count their spouse’s quarters earned during the marriage in addition to their own quarters in order to meet the 40-quarter requirement. Use the same formula to calculate qualifying quarters earned by a parent or spouse.


For example, if each spouse had 20 quarters you would add the quarters together and the wife would be eligible for IFPN.

Mr. and Mrs. Q are working in 2004. One earned \$25,000 gross income and the other earned \$3,000 gross income. ( $\$25,000 \div \$900 = 27.77$ ) ( $\$3,000 \div \$900 = 3.33$ )

27.77 is converted to four quarters. 3.33 is converted to three quarters. The Qs’ countable quarters are combined together to determine the qualifying quarters. Mrs. Q is credited with seven qualifying quarters for 2004.

Count the spouse’s quarters earned during the marriage if the spouse is either a citizen or an alien, and either:

- ◆ The couple is currently married, or
- ◆ The couple is separated but not divorced, or
- ◆ A spouse is deceased and the surviving spouse is not remarried.

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If the couple divorces, the former spouses are no longer entitled to each other's quarters. Thus, if the divorce results in the alien no longer having 40 qualifying quarters, cancel the person's IFPN.

Aliens can also count the quarters earned by a parent in addition to their own quarters to meet the 40-quarter requirement. For this policy, "parent" means the natural or adoptive parent or the stepparent. Count the parent's quarters if the parent:

- ◆ Is either a citizen or an alien and
- ◆ Earned the quarters before the child turned 21. (The parent's quarters earned before the child was born also count.)

Count the quarters by a stepparent during the stepparent relationship if the relationship still exists. Death of the stepparent does not end the relationship. Do not count quarters earned before the stepparent relationship began. Do not count any quarters of the stepparent if the parent and stepparent are divorced.


Do not count quarters earned by a child toward the eligibility of a parent.

#### **d. Sponsor Deeming**

**Legal reference:** P. L. 104-193, P. L. 104-208, 20 CFR 416.1160(a), 416.1166a(d)3; 8 U.S.C. §§ 1182(a)(4), 1183a(1996); 441 IAC 75.11(3); 42 U.S.C. 1396b(v) as amended by P. L. 111-3

Aliens who seek admission to the United States as lawful permanent residents must establish that they will not become a "public charge." Many aliens establish that they will not become public charges by having "sponsors" who pledge to support them. An alien may have more than one sponsor.

A sponsor is a person who signs an "affidavit of support" agreeing to support an alien to help the alien obtain lawful permanent resident status.

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There are three versions of the *Affidavit of Support*:

- ◆ Form I-864. This form is enforceable since December 19, 1997.
- ◆ Form I-134. This form is not enforceable.
- ◆ Form I-361. This form is enforceable and must be submitted with a petition for treatment as an Amerasian. However, deeming will not apply to persons with type of support affidavit.

Sponsor deeming is the process of considering the income and resources of the sponsor to be available to the sponsored person, whether or not the income or resources are actually made available. The sponsor deeming rules apply **only** to persons who:

- ◆ Are lawful permanent residents (LPRs) aged 21 or over,
- ◆ Applied for lawful permanent resident status on or after December 19, 1997, and
- ◆ Are sponsored by a person who signed Form I-864, *Affidavit of Support*.

NOTE: Sponsor deeming may still affect IFPN eligibility of children under age 21 if an adult household member has a sponsor.


For deeming purposes, deeming will not apply when the sponsor is:

- ◆ An employer who does not sign an affidavit of support.
- ◆ An organization such as a church or service club.
- ◆ The alien's eligible or ineligible spouse or parent whose income is otherwise considered in determining the alien's Medicaid eligibility.

If the eligible couple separates and begins living in separate households, then the sponsor-to-alien deeming rules apply.

#### e. **Verifying Qualifying Quarters**

When an exception to sponsor deeming will affect the eligibility determination, the applicant or considered person is responsible for getting verification of qualifying quarters. This includes getting verification of the qualifying quarters earned by a spouse, parent, or stepparent.

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In addition to verification from the Social Security Administration (SSA) office, you can use documentation such as:

- ◆ Wage stubs
- ◆ Employer's statement
- ◆ Income tax forms

If the alien does not have acceptable proof, the member is responsible for obtaining necessary verification from SSA. SSA can verify quarters starting with the year 1930.

If the alien provides verification from SSA of less than the required 40 qualifying quarters but disputes the SSA records, allow the alien an opportunity to resolve the discrepancy.

In either situation:

- ◆ Instruct the applicant in writing to obtain the necessary verification or proof of requesting the verification, or that SSA is investigating the discrepancy within ten days.

Include in the note that the alien will be denied if the requested verification is not received by the stated due date. Also ask that the applicant let you know if more time is needed to obtain the requested verification or proof of request for the verification.

- ◆ Deny the alien if you do not receive the requested verification or proof for requesting the SSA verification or investigation by the due date (or the extended due date, if applicable).

If the member provides the requested proof, pend the application until the SSA verification is received or the SSA investigation is completed. Periodically contact the member to check on the status of the SSA verification or investigation of the disputed qualifying quarters.

Process the IFPN application upon receipt of the SSA verification or the results of the completed investigation. Include the alien in the eligible group if SSA verifies at least 40 qualifying quarters.

If the completed investigation still verifies less than 40 qualifying quarters:

- ◆ Include the alien if the date of entry was before August 22, 1996.
- ◆ Deny the alien if the date of entry is on or after August 22, 1996.



**f. Alien Documentation Chart**

<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Amerasians treated as refugees</b>	<ul style="list-style-type: none"><li>◆ Form I-551, <i>Permanent Resident Card</i> *</li><li>◆ Temporary I-551 stamp in a passport</li><li>◆ Form I-94, <i>Arrival/Departure Record</i></li><li>◆ Any verification from the USCIS or other authoritative document</li></ul> <p>All of these should have one of the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, AM-8</p>	Eligible regardless of U.S. entry date
<b>American Indians born outside the United States</b>	<ul style="list-style-type: none"><li>◆ Member of a federally recognized Indian tribe as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act; or</li><li>◆ Form I-551, <i>Permanent Resident Card</i>*, coded S1-3, born in Canada and at least 50% American Indian, to whom the provisions of section 289 of the Immigration and Nationality Act apply.</li></ul> <p>For the list of federally recognized tribes, refer to <a href="http://www.justice.gov/otj/federal-resources">http://www.justice.gov/otj/federal-resources</a></p>	Eligible regardless of U.S. entry date





<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Asylee</b>	<ul style="list-style-type: none"><li>◆ Form I-94, <i>Arrival/Departure Record</i>, or passport stamped "asylee" or section 208.</li><li>◆ Order granting asylum issued by the USCIS, an immigration judge, the Board of Immigration Appeals, or a federal court.</li><li>◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(a)(5) or A5(a)10 or (a)3.</li><li>◆ <i>Refugee Travel Document</i> (Form I-571) along with another card identifying status.</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul> <p>NOTE: If adjusted to lawful permanent resident status, Form I-551, <i>Permanent Resident Card</i>, may be coded AS-6, AS-7, or AS-8.</p>	Eligible as of date asylum is granted
<b>Battered alien</b> (cannot live with abuser)	<ul style="list-style-type: none"><li>◆ Receipt or proof of filing visa petition Form I-130, <i>Petition for Alien Relative</i>, under immediate relative (IR) or second family preference (P-2) showing status as spouse;</li><li>◆ Form I-360, <i>Petition for Amerasian, Widow(er), or Special Immigrant</i>, (application to qualify as abused spouse or child under Violence Against Women Act);</li><li>◆ Form I-797, <i>Notice of Action</i>, referencing pending Form I-130, <i>Petition for Alien Relative</i>, or Form I-360, <i>Petition for Amerasian, Widow(er), or Special Immigrant</i>, or finding establishment of a prima facie case;</li></ul>	Children under age 21, eligible regardless of U.S. entry date.  NOTE: Continued battered alien status must be verified at each annual review.



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Battered alien</b> (cannot live with abuser) (Cont.)	<ul style="list-style-type: none"><li>◆ Receipt or other proof of filing Form I-485, <i>Application to Register Permanent Residence or Adjust Status</i>, (application for adjustment of status on basis of an immediate relative or family second preference petition or Violence Against Women Act application);</li><li>◆ Form I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(a)(10) or A10 (applicant for suspension of deportation) or 274a.12(c)(14) or C14 (individual granted deferred action status);</li><li>◆ Any documents indicating a pending suspension of deportation or cancellation of removal case, including a receipt from an immigration court indicating filing of Executive Office for Immigration Review:<ul style="list-style-type: none"><li>• Form EOIR-40, <i>Application for Suspension of Deportation</i> or</li><li>• Form EOIR-42, <i>Application for Cancellation of Removal</i>; or</li></ul></li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul>	Adults (age 21 and over): <ul style="list-style-type: none"><li>◆ Barred for five years if entered United States <b>on or after</b> 8/22/96</li><li>◆ Eligible if entered United States <b>before</b> 8/22/96</li></ul> See <a href="#">8-L, Battered Aliens</a> , for more information.
<b>Conditional entrants</b> (not used since 1980)	<ul style="list-style-type: none"><li>◆ I-94, <i>Arrival/Departure Record</i>, or other document indicating status as "conditional entrant," "Seventh Preference" Section 203(a)(7), or P7, or</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul>	Eligible because entered the United States <b>before</b> 8/22/96



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Cuban or Haitian entrants</b> (treated as refugees)	<ul style="list-style-type: none"><li>◆ Form I-94, <i>Arrival/Departure Record</i>, with a stamp indicating "Cuban/Haitian entrant" (rare; not used since 1980), any notation indicating "parole," or any documents indicating pending exclusion or deportation proceedings;</li><li>◆ Any documents indicating a pending asylum application, such as a receipt from the USCIS indicating filing of Form I-589, <i>Application for Asylum and for Withholding of Removal</i>;</li><li>◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(c)(8) or CI; or</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul> <p>NOTE: Persons who have adjusted to lawful permanent resident status may have Form I-551, <i>Permanent Resident Card</i>, coded with CH-6, CU-6, CU-7, LB-2, LB-6, or LB-7.</p>	Eligible regardless of U.S. entry date
<b>Deportation or removal withheld</b>	<ul style="list-style-type: none"><li>◆ Form I-94, <i>Arrival/Departure Record</i>, or passport stamped "section 243(h)" or "section 241(b)(3)";</li><li>◆ Order granting withholding of deportation or removal issued by the USCIS, an immigration judge, the Board of Immigration Appeals, or a federal court;</li><li>◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(a)(10) or A10;</li><li>◆ Form I-571, <i>Refugee Travel Document</i>, with another card showing status;</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul>	Eligible regardless of U.S. entry date



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Iraqi or Afghan special immigrants</b> (Lawful permanent residents, treated as refugees)	<ul style="list-style-type: none"><li>♦ Form I-551, <i>Permanent Resident Card*</i>, showing Iraqi or Afghan nationality with any of the following status codes:<ul style="list-style-type: none"><li>• SI1, SI2, SI3, SI6, SI7, SI9, or</li><li>• SQ1, SQ2, SQ3, SQ6, SQ7, SQ9</li></ul></li><li>♦ Iraqi or Afghan passport with an immigrant visa stamp noting admitted under a status code listed and date of entry noted on passport or Form I-94, <i>Arrival/Departure Record</i>.</li></ul>	Eligible regardless of U.S. entry date
<b>Lawfully residing immigrants or nonimmigrants</b>	<ul style="list-style-type: none"><li>♦ Form I-94, <i>Arrival/Departure Record</i>;</li><li>♦ Forms I-688B or I-766, <i>Employment Authorization Document</i>; or</li><li>♦ Any verification from the USCIS or other authoritative document.</li></ul> <p>NOTE: The specific section of the law or a designation by USCIS must appear on the document indicating the alien is in one of the statuses listed following the definition of "<a href="#">lawfully residing</a>."</p>	<p>Children under age 21, eligible regardless of U.S. entry date.</p> <p>NOTE: Continued lawfully residing status must be verified at each annual review.</p> <p>Adults age 21 and over, ineligible regardless of U.S. entry date.</p>



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Lawful permanent residents (LPRs)</b>	<ul style="list-style-type: none"><li>◆ Form I-551, Permanent Resident Card; *</li><li>NOTE: Form I-551 annotated with certain codes indicates the person originally entered the United States under another status and later adjusted to lawful permanent resident. Eligibility for these persons must be determined based on the original status upon entry. These statuses and codes are:<ul style="list-style-type: none"><li>• Amerasian (AM-1, AM-2, AM-3, AM-6, AM-7, AM-8),</li><li>• Asylee (AS-6, AS-7, AS-8),</li><li>• Canadian-born American Indian (S1-3),</li><li>• Cuban or Haitian (CH-6, CU-6, CU-7, LB-2, LB-6, LB-7),</li><li>• Parolee (LA), or</li><li>• Refugee (R8-6, RE-6, RE-7, RE-8, RE-9).</li></ul></li><li>◆ Form I-327, Permit to Reenter the United States;</li><li>◆ Form I-94, Arrival/Departure Record, with a temporary I-551 stamp;</li><li>◆ Foreign passport stamped showing temporary evidence of lawful permanent resident or I-551 status;</li><li>◆ Form I-181, Memorandum of Creation of Lawful Permanent Residence, with approval stamp;</li><li>◆ Order issued by the USCIS, an immigration judge, the Board of Immigration Appeals, or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status; or</li><li>◆ Any verification from the USCIS or other authoritative document</li></ul>	<p>Children under age 21, eligible regardless of U.S. entry date. NOTE: Continued LPR status must be verified at each annual review.</p> <p>Adults (age 21 and older) with proof of 40 qualifying quarters, eligible regardless of U.S. entry date</p> <p>Adults (age 21 and over) without 40 qualifying quarters:</p> <ul style="list-style-type: none"><li>◆ Barred for five years if entered United States <b>on or after</b> 8/22/96</li><li>◆ Eligible if entered United States <b>before</b> 8/22/96</li></ul>



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Parolees</b> NOTE: Must have been paroled for at least one year	<ul style="list-style-type: none"><li>◆ Form I-94, <i>Arrival/Departure Record</i>, indicating "parole" or "PIP" or "212(d)(5)," or other language indicating parole status;</li><li>◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded A4 or C11 [274a.12(a)(4), 274a.12(c)(11)]; or</li><li>◆ Any verification from the USCIS or other authoritative document.</li><li>◆ If adjusted to lawful permanent resident status, may have Form I-551, <i>Permanent Resident Card</i>* (some may be coded LA).</li></ul>	Children under age 21, eligible regardless of U.S. entry date.  NOTE: Continued parolee status must be verified at each annual review.  Adults (age 21 and over): <ul style="list-style-type: none"><li>◆ Barred for five years if entered United States <b>on or after</b> 8/22/96</li><li>◆ Eligible if entered United States <b>before</b> 8/22/96</li></ul>



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Refugees</b>	<ul style="list-style-type: none"><li>◆ Form I-94, <i>Arrival/Departure Record</i>, or passport stamped "refugee" or section 207;</li><li>◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(a)(3) or A3;</li><li>◆ Form I-571, <i>Refugee Travel Document</i>, with another card verifying status; or</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul> <p>NOTE: If adjusted to lawful permanent resident status, Form I-551, <i>Permanent Resident Card*</i>, may be coded R8-6, RE-6, RE-7, RE-8 or RE-9.</p>	Eligible regardless of U.S. entry date
<b>Veterans or active duty personnel</b> (lawful permanent residents) (Includes some family members of these persons. See <a href="#">Aliens Exempt from Five-Year Bar</a> .)	<ul style="list-style-type: none"><li>◆ Form I-551, Permanent Resident Card; *</li><li>◆ Form I-327, Permit to Reenter the United States;</li><li>◆ Foreign passport stamped showing temporary evidence of lawful permanent resident or I-551 status;</li><li>◆ Form I-181, Memorandum of Creation of Lawful Permanent Residence with approval stamp;</li><li>◆ Order issued by the USCIS, an immigration judge, the Board of Immigration Appeals, or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status; or</li><li>◆ Any verification from the USCIS or other authoritative document.</li></ul>	Eligible regardless of U.S. entry date



<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Victims of Trafficking</b>	<ul style="list-style-type: none"><li>♦ Original certification letter for adults or letter for children issued by the Office of Refugee Resettlement (ORR) and validated by calling the trafficking verification line at (866) 401-5510.</li></ul> <p>NOTE: SAVE does not have information about a person's status as a victim of trafficking.</p>	Eligible only for 8 months from entry date in original ORR certification; eligibility may continue if ORR issues recertification
<b>Other</b> (legal or illegal)	The person is undocumented or presents documents that indicate the person's alien status is one <b>other than</b> those specifically listed under <a href="#">Aliens Subject to Five-Year Bar</a> or under <a href="#">Aliens Exempt from Five-Year Bar</a> .	Ineligible regardless of U.S. entry date

Documentation of alien status is issued by the U.S. Citizenship and Immigration Services (USCIS), part of the Department of Homeland Security. Older documents were issued by the Immigration and Naturalization Service (INS).

## **D. Ongoing Eligibility**

### **1. Reporting Changes**

**Legal reference:** 42 CFR 435.916(b) and (c); 441 IAC 75.4(3)"c" and "h," 75.57(1), 75.57(2), and 76.10(249A)

The member or someone acting on the member's behalf must report the following:

- ♦ Health insurance starts or covers family planning services,
- ♦ There is a change in mailing or living address,
- ♦ The woman becomes pregnant, or
- ♦ The person is no longer capable of reproducing (e.g., had sterilization surgery, hysterectomy, vasectomy, etc.).





## 2. Acting on Changes

**Legal reference:** 441 IAC 75.1(41)"c"(5)

A person found to be income-eligible upon application or at the annual recertification shall remain income-eligible for 12 months regardless of any change in income or household size.

IFPN eligibility ends if any of the following occur. The person:

- ◆ Becomes pregnant;
- ◆ Is no longer capable of reproducing children;
- ◆ Moves from Iowa;
- ◆ Gains Medicaid eligibility under another Medicaid coverage group; or
- ◆ Turns age 55. EXCEPTION: The age requirement does not apply to those who are eligible for IFPN due to a pregnancy ending while receiving Medicaid.

1. Ms. D is approved for IFPN in January. In March, Ms. D receives a promotion that results in her countable income being over 300% of the federal poverty level. Ms. D remains eligible for IFPN through December since her increased income is disregarded for the remainder of her 12-month certification period.

2. Mr. L is approved for IFPN in January because his countable income does not exceed 300% of federal poverty level for a household of two, Mr. L and his wife. Mr. L has countable income of \$2,000 and his wife has no income.

In May, Mr. L's wife moves out. Mr. L's income is now over the limit for a household size of one, but he continues to be eligible for IFPN for the remainder of the 12-month certification period.

3. Ms. B is approved for IFPN with a January–December certification period. Ms. B reports on October 5 that she moved to Illinois. Ms. B's IFPN eligibility is canceled effective November 1.



### 3. Annual Recertifications

**Legal reference:** 441 IAC 76.7(249A)

Recertification is the process to establish a new certification period when the existing period is about to end. Form 470-4071, *Family Planning Medicaid Review*, will be system-generated to the IFPN member at least 30 days before the end of the certification period. Click [here](#) to see a sample of this form.

A person filing a timely form 470-4071, *Family Planning Medicaid Review*, and who is determined eligible, will have a new 12-month certification period established beginning with the month following the last month of the previous certification period.

If form 470-4071, *Family Planning Medicaid Review*, is not completed and received by the end of the certification period, the person must reapply, using form 470-2927 or 270-2927(S), *Health Services Application*, and be determined eligible in order to establish a new certification period. Eligibility does not continue if a review is not completed.


## E. Covered Services

Services covered under the IFPN program are more limited than what is payable through other Medicaid coverage groups.

### 1. Family Planning Benefits

Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting. Family planning services and supplies are reimbursable at the 90 percent match rate, including:

- ◆ Approved methods of contraception;
- ◆ Sexually transmitted infection (STI) or sexually transmitted disease (STD) testing, Pap smears and pelvic exams;
- ◆ Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider; and
- ◆ Contraceptive management, patient education, and counseling.

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The laboratory tests done during an initial family planning visit for contraception may include a Pap smear, screening tests for STIs or STDs, or pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider.

Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.


## 2. Family-Planning-Related Benefits

“Family planning-related services and supplies” are defined as those services provided as part of or as follow-up to a family planning visit and are reimbursable at the state’s regular federal medical assistance percentage (FMAP) rate.

Such services are provided because a “family planning-related” problem was defined or diagnosed during a routine or periodic family planning visit.

Examples of family planning-related services and supplies include:

- ◆ Colposcopy and procedures done with or during a colposcopy or repeat Pap smear performed as a follow-up to an abnormal Pap smear that was done as part of a routine periodic family planning visit.
- ◆ Drugs for the treatment of STIs or STDs, except for HIV/AIDS and hepatitis, when the STI or STD is identified or diagnosed during a routine periodic family planning visit. A follow-up visit or encounter for the treatment or drugs and subsequent follow-up visits to rescreen for STIs or STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- ◆ Drugs or treatment for vaginal infections or disorders, other lower genital tract and genital skin infections or disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine periodic family planning visit. A follow-up visit or encounter for the treatment or drugs may also be covered.
- ◆ Other medical diagnosis, treatment, and preventative services that are routinely provided pursuant to family planning services in a family planning setting.

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- ◆ Treatment of major complications arising from a family planning procedure, such as:
  - Treatment of a perforated uterus due to an intrauterine device insertion;
  - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
  - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

### 3. Procedure Codes and Nomenclature

Only procedure codes and diagnosis codes that are allowed under the IFPN will be reimbursed. **Both** the procedure code **and** the diagnosis code must be on the list for services to be payable. The current coverage chart is available at [https://dhs.iowa.gov/sites/default/files/IFPN-new\\_ICD-10\\_08\\_18\\_15\\_0.pdf](https://dhs.iowa.gov/sites/default/files/IFPN-new_ICD-10_08_18_15_0.pdf).

## F. Billing Policies and Claim Form Instructions

Family Planning Network services are billed on the federal forms CMS-1500, *Health Insurance Claim Form*, or UB-04, *Claim Form*, depending on the type of provider billing the services.

Refer to the [FAMILY PLANNING SERVICES PROVIDER MANUAL](#) or the [ACUTE HOSPITAL SERVICES PROVIDER MANUAL](#) for guidance on the type of claim form that should be completed for the provider type billing the service and an explanation of the corresponding *Remittance Advice*.